
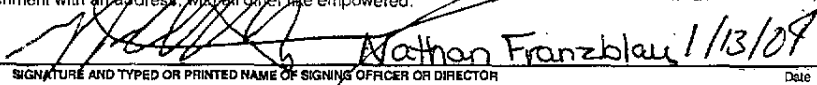


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000003314		
1. Entity Name THE PROFESSIONAL DECAL APPLICATION ASSOCIATION, INC.		
Principal Place of Business C/O NATHAN FRANZBLAU 2202 NORTH MAIN STREET JACKSONVILLE, FL 32206	Mailing Address C/O NATHAN FRANZBLAU 2202 NORTH MAIN STREET JACKSONVILLE, FL 32206	
DO NOT WRITE IN THIS SPACE		01082004 No Chg-NP CR2E037 (10/03)
		4. FEI Number 59-3341777 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent AKEL, DANIEL D 2301 INDEPENDENT SQUARE JACKSONVILLE, FL 32202		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, RON 104 BELL PARKWAY WOODSTOCK, GA 30188	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FRANZBLAU, NATHAN 2202 NORTH MAIN STREET JACKSONVILLE, FL 32206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTHEY, JOHN 3902 HIGH PINES HOUSTON, TX 77068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORD, GREG 4373 LACOSA AVE. FREMOUNT, CA 94536	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, TOM 8660 HIGHWAY 7 P.O. BOX 160 ST. BONIFACIUS, MN 55375	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMULLEN, GENE 833 WOOSTER ROAD N. BARBARTON, OH 442031664	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, who is officer or empowered.		
SIGNATURE:  Nathan Franzblau 1/13/04		359-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #